

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re: Hill, Ralph M § Case No. 08 B 15456
Hill, Maria E §
Debtors §
§

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

1) The case was filed on 06/16/2008.

2) The plan was confirmed on 09/03/2008.

3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on (NA).

4) The trustee filed action to remedy default by the debtor in performance under the plan on (NA).

5) The case was converted on 11/12/2009.

6) Number of months from filing or conversion to last payment: 17.

7) Number of months case was pending: 19.

8) Total value of assets abandoned by court order: (NA).

9) Total value of assets exempted: \$5,300.00.

10) Amount of unsecured claims discharged without full payment: \$0.

11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$12,325.70

Less amount refunded to debtor \$738.90

NET RECEIPTS:

\$11,586.80

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$2,300.00

Court Costs \$0

Trustee Expenses & Compensation \$780.02

Other \$0

TOTAL EXPENSES OF ADMINISTRATION: \$3,080.02

Attorney fees paid and disclosed by debtor \$1,200.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Cook County Treasurer	Secured	\$0	NA	NA	\$0	\$0
Alexian Brothers Medical Center	Unsecured	\$100.00	NA	NA	\$0	\$0
Alexian Brothers Medical Center	Unsecured	\$875.00	\$1,251.56	\$1,251.56	\$726.68	\$0
Alexian Brothers Medical Center	Unsecured	\$150.00	NA	NA	\$0	\$0
Alexian Brothers Medical Center	Unsecured	\$1,310.00	\$1,283.62	\$1,283.62	\$745.28	\$0
Alexian Brothers Medical Center	Unsecured	\$175.00	NA	NA	\$0	\$0
Alexian Brothers Medical Center	Unsecured	\$75.00	NA	NA	\$0	\$0
Arrow Financial Services	Unsecured	\$12,675.00	NA	NA	\$0	\$0
Asset Acceptance	Unsecured	\$400.00	\$380.35	\$380.35	\$220.83	\$0
BMG Music Service	Unsecured	\$200.00	NA	NA	\$0	\$0
Bruce Grossman Md	Unsecured	\$100.00	NA	NA	\$0	\$0
Diagnostic Radiology	Unsecured	\$250.00	NA	NA	\$0	\$0
Elk Grove Radiology	Unsecured	\$100.00	NA	NA	\$0	\$0
Emergency & Ambulatory	Unsecured	\$250.00	NA	NA	\$0	\$0
Emergency & Ambulatory	Unsecured	\$500.00	NA	NA	\$0	\$0
Female Health Care Associates Ltd	Unsecured	\$250.00	NA	NA	\$0	\$0
Gevalia Kaffe Import Service	Unsecured	\$250.00	NA	NA	\$0	\$0

(Continued)

Scheduled Creditors: *(Continued)*

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Handyman Club of America	Unsecured	\$40.00	NA	NA	\$0	\$0
HSBC	Unsecured	\$2,200.00	NA	NA	\$0	\$0
Jefferson Capital Systems LLC	Unsecured	\$13,000.00	\$9,132.30	\$9,132.30	\$5,302.26	\$0
JRSI INC	Unsecured	\$3,010.00	NA	NA	\$0	\$0
Kane Misawa & Speis	Unsecured	\$100.00	NA	NA	\$0	\$0
Lab Corporation	Unsecured	\$120.00	NA	NA	\$0	\$0
MEA-Elkgrove Village LLC	Unsecured	\$200.00	\$141.99	\$141.99	\$75.96	\$0
Midwest Physical & Hand Therapy	Unsecured	\$1,000.00	NA	NA	\$0	\$0
Neurosport Physical Therapy	Unsecured	\$400.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$150.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$100.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$75.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$75.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$125.00	NA	NA	\$0	\$0
Northwest Community Hospital	Unsecured	\$350.00	NA	NA	\$0	\$0
Northwest Radiology Association SC	Unsecured	\$100.00	NA	NA	\$0	\$0
Plains Commerce Bank	Unsecured	\$300.00	NA	NA	\$0	\$0
Portfolio Recovery Associates	Unsecured	\$2,600.00	\$2,274.12	\$2,274.12	\$1,320.37	\$0
Quest Diagnostics Inc	Unsecured	\$100.00	NA	NA	\$0	\$0
Radiology Imaging Consultants	Unsecured	\$25.00	NA	NA	\$0	\$0
RJM Acquisitions LLC	Unsecured	\$100.00	\$71.84	\$71.84	\$33.55	\$0
Thomas J Hoover DDS & Assoc Ltd	Unsecured	\$200.00	\$153.00	\$153.00	\$81.85	\$0

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0	\$0	\$0
Mortgage Arrearage	\$0	\$0	\$0
Debt Secured by Vehicle	\$0	\$0	\$0
All Other Secured	\$0	\$0	\$0
TOTAL SECURED:	\$0	\$0	\$0
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0	\$0	\$0
Domestic Support Ongoing	\$0	\$0	\$0
All Other Priority	\$0	\$0	\$0
TOTAL PRIORITY:	\$0	\$0	\$0
GENERAL UNSECURED PAYMENTS:	\$14,688.78	\$8,506.78	\$0

Disbursements:

Expenses of Administration	\$3,080.02
Disbursements to Creditors	\$8,506.78
TOTAL DISBURSEMENTS:	\$11,586.80

12) The trustee certifies that the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: January 19, 2010

By: /s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.